

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>6/5/01</u>		2 Serial/Patent # <u>09/811 945</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
1	Filing			\$							
	Amendment			\$							
X	Extension of Time	8	3/1/02	\$ 780.00							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ 780.00							
		8 TO BE REFUNDED BY:									
10 REASON:		Treasury Check									
	Overpayment	Credit Deposit A/C #:									
	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">5</td> <td style="width: 20px;">0</td> <td style="width: 20px;">--</td> <td style="width: 20px;">1</td> <td style="width: 20px;">7</td> <td style="width: 20px;">1</td> <td style="width: 20px;">0</td> </tr> </table>			5	0	--	1	7	1	0
5	0	--	1	7	1	0					
X	No Fee Due (Explanation):										
<u>Extension of time not available</u>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Kenya McLaughlin</u>		TITLE: <u>Petitions Atty.</u>									
SIGNATURE: <u>Kenya McLaughlin</u>		PHONE: <u>305-0010</u>									
OFFICE: <u>Office of Petitions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>Aileen Kelly</u>		DATE: <u>6/7/02</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**